

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/575786

FILING DATE

APPLICANT(S)

CLAIMS

①	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		①				
14		①				
15	1					
16	1					
17	1					
18			1			
19				1		
20				1		
21				1		
22				1		
23				1		
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25				1		
26				1		
27				1		
28				1		
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49						
50						
TOTAL IND.	4	↓	3	↓	0	↓
TOTAL DEP.	23	←	17	←	0	←
TOTAL CLAIMS	27		20		0	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	